

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter **13**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,250.00**

Prior to the filing of this statement I have received \$ **500.00**

Balance Due \$ **2,750.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 24, 2011

Date

/s/ Wayne Sigmon

**Wayne Sigmon 7318
Wayne Sigmon Attorney At Law, PLLC
518 S. New Hope Rd.
Gastonia, NC 28054-4039
(704) 865-6265**

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter **13**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Barber, Brian Rodney & Barber, Stacy Cobb

Printed Name(s) of Debtor(s)

X /s/ Brian Rodney Barber

Signature of Debtor

5/24/2011

Date

Case No. (if known) _____

X /s/ Stacy Cobb Barber

Signature of Joint Debtor (if any)

5/24/2011

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B22C (Official Form 22C) (Chapter 13) (12/10)In re: **Barber, Brian Rodney & Barber, Stacy Cobb**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ The applicable commitment period is 3 years.☒ The applicable commitment period is 5 years.☒ Disposable income is determined under § 1325(b)(3).☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

| | | | | | | | | | |
|------------------------|---|-----------------------------|--|-----------------|-----------------|------------------------|------------------------|-------------|-------------|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. | | | | | | | | |
| | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | | | | | | | |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | | <table border="1"> <tr> <td>Column A</td> <td>Column B</td> </tr> <tr> <td>Debtor's Income</td> <td>Spouse's Income</td> </tr> <tr> <td>\$ 1,575.95</td> <td>\$ 5,480.72</td> </tr> </table> | Column A | Column B | Debtor's Income | Spouse's Income | \$ 1,575.95 | \$ 5,480.72 |
| Column A | Column B | | | | | | | | |
| Debtor's Income | Spouse's Income | | | | | | | | |
| \$ 1,575.95 | \$ 5,480.72 | | | | | | | | |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | | | | | | |
| | a. Gross receipts | \$ | | | | | | | |
| | b. Ordinary and necessary operating expenses | \$ | | | | | | | |
| | c. Business income | Subtract Line b from Line a | | | | | | | |
| 4 | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. | | | | | | | | |
| | a. Gross receipts | \$ | | | | | | | |
| | b. Ordinary and necessary operating expenses | \$ | | | | | | | |
| | c. Rent and other real property income | Subtract Line b from Line a | | | | | | | |
| 5 | Interest, dividends, and royalties. | | <table border="1"> <tr> <td>\$</td> <td>\$</td> </tr> </table> | \$ | \$ | | | | |
| \$ | \$ | | | | | | | | |
| 6 | Pension and retirement income. | | <table border="1"> <tr> <td>\$</td> <td>\$</td> </tr> </table> | \$ | \$ | | | | |
| \$ | \$ | | | | | | | | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | | <table border="1"> <tr> <td>\$</td> <td>\$</td> </tr> </table> | \$ | \$ | | | | |
| \$ | \$ | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

| | | | | | | | | | |
|---|---|---|-----------------|-----------------|----|----|----|----|----|
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | | | | | |
| | <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ _____</td> <td>Spouse \$ _____</td> </tr> </table> | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | \$ | \$ | | | |
| Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | | | | | | | |
| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | | | | | |
| | <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> </table> | a. | | \$ | b. | | \$ | \$ | \$ |
| a. | | \$ | | | | | | | |
| b. | | \$ | | | | | | | |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). | \$ | 1,575.95 | | | | | | |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | \$ | 7,056.67 | | | | | | |

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

| | | | | | | | | | | | | |
|----|--|----|------------------|----|----|--|----|----|--|----|--|--|
| 12 | Enter the amount from Line 11. | \$ | 7,056.67 | | | | | | | | | |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | | | | | | | | | | | |
| | <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table> | a. | | \$ | b. | | \$ | c. | | \$ | | |
| a. | | \$ | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | |
| | Total and enter on Line 13. | \$ | 0.00 | | | | | | | | | |
| 14 | Subtract Line 13 from Line 12 and enter the result. | \$ | 7,056.67 | | | | | | | | | |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | \$ | 84,680.04 | | | | | | | | | |
| 16 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | | | | | | | |
| | a. Enter debtor's state of residence: North Carolina b. Enter debtor's household size: 4 | \$ | 67,578.00 | | | | | | | | | |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. | | | | | | | | | | | |

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

B22C (Official Form 22C) (Chapter 13) (12/10)

| 18 | Enter the amount from Line 11. | \$ 7,056.67 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|----------------------------------|----------------------|--------|----------------------------------|----|----|-----|----------------------|----------------|-----|----------------------|--------|-----|-------------------|---|-----|-------------------|---|-----|----------|--------|-----|----------|------|------------------|
| 19 | <p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 70%;"></td> <td style="width: 25%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 19.</p> | a. | | \$ | b. | | \$ | c. | | \$ | \$ 0.00 | | | | | | | | | | | | | | | | |
| a. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | \$ 7,056.67 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | \$ 84,680.04 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Applicable median family income. Enter the amount from Line 16. | \$ 67,578.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | <p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24A | <p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p> | \$ 1,377.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24B | <p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">60.00</td> <td style="text-align: center;">a2.</td> <td>Allowance per person</td> <td style="text-align: right;">144.00</td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of persons</td> <td style="text-align: right;">4</td> <td style="text-align: center;">b2.</td> <td>Number of persons</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td style="text-align: right;">240.00</td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> | | Persons under 65 years of age | | | Persons 65 years of age or older | | | a1. | Allowance per person | 60.00 | a2. | Allowance per person | 144.00 | b1. | Number of persons | 4 | b2. | Number of persons | 0 | c1. | Subtotal | 240.00 | c2. | Subtotal | 0.00 | \$ 240.00 |
| Persons under 65 years of age | | | Persons 65 years of age or older | | | | | | | | | | | | | | | | | | | | | | | | |
| a1. | Allowance per person | 60.00 | a2. | Allowance per person | 144.00 | | | | | | | | | | | | | | | | | | | | | | |
| b1. | Number of persons | 4 | b2. | Number of persons | 0 | | | | | | | | | | | | | | | | | | | | | | |
| c1. | Subtotal | 240.00 | c2. | Subtotal | 0.00 | | | | | | | | | | | | | | | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

| | | | | | | | | | | | |
|-----|---|-----------------------------|--|------------------|----|--|------------------|----|-----------------------------|-----------------------------|------------------|
| 25A | <p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p> | \$ 515.00 | | | | | | | | | |
| 25B | <p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%; text-align: right;">\$ 835.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td style="text-align: right;">\$ 573.84</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table> | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ 835.00 | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ 573.84 | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ 261.16 |
| a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ 835.00 | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ 573.84 | | | | | | | | | |
| c. | Net mortgage/rental expense | Subtract Line b from Line a | | | | | | | | | |
| 26 | <p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> | \$ | | | | | | | | | |
| 27A | <p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ 488.00 | | | | | | | | | |
| 27B | <p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

| | | | | | | | | | | | |
|----|---|-----------------------------|---|------------------|----|--|------------------|----|---|-----------------------------|------------------|
| 28 | <p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%; text-align: right;">\$ 496.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td style="text-align: right;">\$ 344.49</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ 496.00 | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ 344.49 | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ 151.51 |
| a. | IRS Transportation Standards, Ownership Costs | \$ 496.00 | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ 344.49 | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | | | | | | | | | |
| 29 | <p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%; text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ 0.00 | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ 0.00 | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | | | | | | | | | |
| 30 | <p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p> | \$ 1,145.46 | | | | | | | | | |
| 31 | <p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p> | \$ | | | | | | | | | |
| 32 | <p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p> | \$ | | | | | | | | | |
| 33 | <p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.</p> | \$ | | | | | | | | | |
| 34 | <p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p> | \$ | | | | | | | | | |
| 35 | <p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p> | \$ | | | | | | | | | |
| 36 | <p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p> | \$ | | | | | | | | | |
| 37 | <p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p> | \$ | | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

| | | | | | | | | | | | | |
|--|---|--------------------|--------------------|------------------|--------------------|----|----------------------|----|----|------------------------|----|---------------------------|
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | | \$ 4,178.13 | | | | | | | | | |
| <p align="center">Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37</p> | | | | | | | | | | | | |
| 39 | <p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$ 1,121.27</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 39</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p> | | a. | Health Insurance | \$ 1,121.27 | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | <p>\$ 1,121.27</p> |
| a. | Health Insurance | \$ 1,121.27 | | | | | | | | | | |
| b. | Disability Insurance | \$ | | | | | | | | | | |
| c. | Health Savings Account | \$ | | | | | | | | | | |
| 40 | <p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.</p> | | \$ | | | | | | | | | |
| 41 | <p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p> | | \$ | | | | | | | | | |
| 42 | <p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</p> | | \$ | | | | | | | | | |
| 43 | <p>Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p> | | \$ | | | | | | | | | |
| 44 | <p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p> | | \$ | | | | | | | | | |
| 45 | <p>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.</p> | | \$ 33.00 | | | | | | | | | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | | \$ 1,154.27 | | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)**Subpart C: Deductions for Debt Payment**

| 47 | <p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Wells Fargo</td> <td>Residence</td> <td style="text-align: right;">\$ 573.84</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Regional Finance</td> <td>Automobile (1)</td> <td style="text-align: right;">\$ 344.49</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>See Continuation Sheet</td> <td></td> <td style="text-align: right;">\$ 108.62</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | a. | Wells Fargo | Residence | \$ 573.84 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | b. | Regional Finance | Automobile (1) | \$ 344.49 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | c. | See Continuation Sheet | | \$ 108.62 | <input type="checkbox"/> yes <input type="checkbox"/> no | Total: Add lines a, b and c. | | | | | \$ 1,026.95 |
|--|---|-------------------------------|---------------------------|---|--------------------|--|----------------------------|---------------------------|--|--------------------|--------------------|---|-------------------------------|---|----|-------------------------|-----------------------|------------------|---|----|-------------------------------|--|------------------|--|------------------------------|--|--|--|--|--------------------|
| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Wells Fargo | Residence | \$ 573.84 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | Regional Finance | Automobile (1) | \$ 344.49 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | See Continuation Sheet | | \$ 108.62 | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: Add lines a, b and c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | <p>Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Wells Fargo</td> <td>Residence</td> <td style="text-align: right;">\$ 9.56</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table> | | | | | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | a. | Wells Fargo | Residence | \$ 9.56 | b. | | | \$ | c. | | | \$ | Total: Add lines a, b and c. | | | | \$ 9.56 | | | | | |
| | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Wells Fargo | Residence | \$ 9.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: Add lines a, b and c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | <p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.</p> | | | | \$ 516.67 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | <p>Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 40%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table> | | | | a. | Projected average monthly Chapter 13 plan payment. | \$ | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | X | c. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | \$ | | | | | | | | | | | | | | | | |
| a. | Projected average monthly Chapter 13 plan payment. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. | | | | \$ 1,553.18 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subpart D: Total Deductions from Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | Total of all deductions from income. Enter the total of Lines 38, 46, and 51. | | | | \$ 6,885.58 | | | | | | | | | | | | | | | | | | | | | | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

| 53 | Total current monthly income. Enter the amount from Line 20. | \$ 7,056.67 | | | | | | | | | | | | | | | |
|------------------------------|---|--------------------|---------------------------------|-------------------|----|--|----|----|--|----|----|--|----|------------------------------|--|----|----|
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | \$ | | | | | | | | | | | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | \$ 773.60 | | | | | | | | | | | | | | | |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | \$ 6,885.58 | | | | | | | | | | | | | | | |
| 57 | <p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</p> <table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b, and c</td> <td>\$</td> </tr> </tbody> </table> | | Nature of special circumstances | Amount of expense | a. | | \$ | b. | | \$ | c. | | \$ | Total: Add Lines a, b, and c | | \$ | \$ |
| | Nature of special circumstances | Amount of expense | | | | | | | | | | | | | | | |
| a. | | \$ | | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | | |
| Total: Add Lines a, b, and c | | \$ | | | | | | | | | | | | | | | |
| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. | \$ 7,659.18 | | | | | | | | | | | | | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. | \$ -602.51 | | | | | | | | | | | | | | | |

Part VI. ADDITIONAL EXPENSE CLAIMS

| 60 | <p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td>\$</td> </tr> </tbody> </table> | | Expense Description | Monthly Amount | a. | | \$ | b. | | \$ | c. | | \$ | Total: Add Lines a, b and c | | \$ |
|-----------------------------|---|----------------|---------------------|----------------|----|--|----|----|--|----|----|--|----|-----------------------------|--|----|
| | Expense Description | Monthly Amount | | | | | | | | | | | | | | |
| a. | | \$ | | | | | | | | | | | | | | |
| b. | | \$ | | | | | | | | | | | | | | |
| c. | | \$ | | | | | | | | | | | | | | |
| Total: Add Lines a, b and c | | \$ | | | | | | | | | | | | | | |

Part VII. VERIFICATION

| | |
|----|---|
| 61 | <p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: May 24, 2011 Signature: /s/ Brian Rodney Barber (Debtor)</p> <p>Date: May 24, 2011 Signature: /s/ Stacy Cobb Barber (Joint Debtor, if any)</p> |
|----|---|

IN RE **Barber, Brian Rodney & Barber, Stacy Cobb**

Case No. _____

Debtor(s)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME**Continuation Sheet - Future payments on secured claims**

| Name of Creditor | Property Securing the Debt | 60-month | Does payment |
|--------------------------|----------------------------|--------------|-----------------------------|
| | | Average Pmt | include taxes or insurance? |
| FARMERS FURNITURE | furniture | 31.50 | No |
| Arnold's Jewelry | ring | 77.12 | No |

| United States Bankruptcy Court Western District of North Carolina | | | | | | | Voluntary Petition | | |
|---|--|--|--|--|--|---|--------------------|--|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Barber, Brian Rodney | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): Barber, Stacy Cobb | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2825 | | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9441 | | | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 1526 Phifer Road Kings Mountain, NC | | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 1526 Phifer Road Kings Mountain, NC | | | | | |
| ZIPCODE 28086 | | | | ZIPCODE 28086 | | | | | |
| County of Residence or of the Principal Place of Business: Cleveland | | | | County of Residence or of the Principal Place of Business: Cleveland | | | | | |
| Mailing Address of Debtor (if different from street address): | | | | Mailing Address of Joint Debtor (if different from street address): | | | | | |
| ZIPCODE | | | | ZIPCODE | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | |
| ZIPCODE | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ | | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts. | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | | | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | | | | | |
| Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | | | |

| | | | |
|---|--|---|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Barber, Brian Rodney & Barber, Stacy Cobb | |
| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | | |
| Location Where Filed: Western District | | Case Number: 96-40240 | |
| Location Where Filed: N/A | | Date Filed: 5/22/96 | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: None | | Case Number: | |
| District: | | Date Filed: | |
| Relationship: | | Judge: | |
| <div style="text-align: center;">Exhibit A</div> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> | | <div style="text-align: center;">Exhibit B</div> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> X /s/ Wayne Sigmon <small>Signature of Attorney for Debtor(s)</small> </div> <div style="text-align: center;"> 5/24/11 <small>Date</small> </div> </div> | |
| <div style="text-align: center;">Exhibit C</div> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p> <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No </p> | | | |
| <div style="text-align: center;">Exhibit D</div> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.</p> | | | |
| <div style="text-align: center;">Information Regarding the Debtor - Venue</div> <p style="text-align: center;">(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p> | | | |
| <div style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</div> <p style="text-align: center;">(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(Name of landlord or lessor that obtained judgment)</div> </div> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(Address of landlord or lessor)</div> </div> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p> | | | |

| | | | |
|---|--|--|--|
| Voluntary Petition (This page must be completed and filed in every case) | | Name of Debtor(s): Barber, Brian Rodney & Barber, Stacy Cobb | |
| Signatures | | | |
| Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Brian Rodney Barber</u> Signature of Debtor Brian Rodney Barber X <u>/s/ Stacy Cobb Barber</u> Signature of Joint Debtor Stacy Cobb Barber _____ Telephone Number (If not represented by attorney) May 24, 2011 Date | | Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date | |
| Signature of Attorney* X <u>/s/ Wayne Sigmon</u> Signature of Attorney for Debtor(s) Wayne Sigmon 7318 Wayne Sigmon Attorney At Law, PLLC 518 S. New Hope Rd. Gastonia, NC 28054-4039 (704) 865-6265 May 24, 2011 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | | Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i> | |
| Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date | | | |

IN RE:

Barber, Brian Rodney

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Brian Rodney Barber

Date: May 24, 2011

IN RE:

Barber, Stacy Cobb

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Stacy Cobb Barber

Date: May 24, 2011

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property | Yes | 1 | \$ 73,484.00 | | |
| B - Personal Property | Yes | 3 | \$ 58,241.27 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 90,895.91 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$ 31,000.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | \$ 42,353.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | \$ 3,700.01 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 1,764.99 |
| TOTAL | | 19 | \$ 131,725.27 | \$ 164,248.91 | |

United States Bankruptcy Court
Western District of North Carolina

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 31,000.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 31,000.00 |

State the following:

| | |
|---|-------------|
| Average Income (from Schedule I, Line 16) | \$ 3,700.01 |
| Average Expenses (from Schedule J, Line 18) | \$ 1,764.99 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 7,056.67 |

State the following:

| | | |
|--|--------------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 2,333.64 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 31,000.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 42,353.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 44,686.64 |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand. | | cash on hand | W | 24.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Premier Federal Credit Union checking/savings | J | 500.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | | Farmers furniture 2 twin beds, 2 chest | W | 1,890.00 |
| | | household items-dining set, sideboard, living room set, V, DVD player, beds, chest, drseers, mirror, TV, computer, computer table, chairs, ref., stove, micro., washer/dryer, misc. kitchen items, family pictures | J | 1,900.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | clothing | J | 300.00 |
| 7. Furs and jewelry. | | jewelry | J | 550.00 |
| | | jewelry ring | J | 4,627.27 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | life insurance policy no cash value & each other benef. (h) | J | 0.00 |
| | | 20,800.00 | | |
| | | 139,000.00 | | |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401k: ERISA | W | 12,575.00 |
| | | 401k: ERISA | H | 15,000.00 |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | | male tax refund has already rec. state & federal female debtor owes for taxes | H | 0.00 |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2000 Chevy S-10 truck 130,000 miles - has salvage title 2008 Nissan Altima 100,000 miles 910 claim | H J | 3,000.00 17,875.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--|---------------------------------------|--|
| 31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. | X X X X | IF THE VALUE CLAIMED ABOVE IS EQUAL TO OR GREATER THAN THE ACTUAL FULL VALUE OF THE ASSET AS STATED IN SCHEDULES A AND B OR IF IT IS GREATER THAN DEBTOR'S EQUITY IN SUCH ASSET AS SHOWN BY SCHEDULES A, B AND D, THEN THE DEBTOR(S) CLAIM THE FULL VALUE OF THE ASSET AS ENTIRELY EXEMPT FOR THE PURPOSES OF THE RULES AS ESTABLISHED IN SCHWAB V REILLY. | J | 0.00 |
| TOTAL | | | | 58,241.27 |

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor elects the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds \$146,450. *☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--------------------------------------|----------------------------|--|
| <u>SCHEDULE A - REAL PROPERTY</u> | | | |
| residence | G.S. § 1C-1601(a)(1) | 9,314.00 | 73,484.00 |
| <u>SCHEDULE B - PERSONAL PROPERTY</u> | | | |
| cash on hand | G.S. § 1-362 | 24.00 | 24.00 |
| Premier Federal Credit Union checking/savings | G.S. § 1-362 | 500.00 | 500.00 |
| household items-dining set, sideboard, living room set, V, DVD player, beds, chest, drseers, mirror, TV, computer, computer table, chairs, ref., stove, micro., washer/dryer, misc. kitchen items, family pictures | G.S. § 1C-1601(a)(4) | 1,900.00 | 1,900.00 |
| clothing | G.S. § 1C-1601(a)(4) | 300.00 | 300.00 |
| jewelry | G.S. § 1C-1601(a)(4) | 550.00 | 550.00 |
| 2000 Chevy S-10 truck 130,000 miles - has salvage title | G.S. § 1C-1601(a)(3) | 3,000.00 | 3,000.00 |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
Debtor(s) (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. Arnold's Jewelry 226 - 228 S. Washington St. Shelby, NC 28150 | W | ring pay in full | | | | 4,627.35 | 0.08 |
| | | VALUE \$ 4,627.27 | | | | | |
| ACCOUNT NO. 6129 FARMERS FURNITURE PO Box 1140 Dublin, GA 31040 | W | furniture 2 twin beds, 2 chest pay in full | | | | 1,890.00 | |
| | | VALUE \$ 1,890.00 | | | | | |
| ACCOUNT NO. 3142 Regional Finance PO Box 580075 Charlotte, NC 28258 | J | 2008 Altima 910 claim 100,000 miles | | | | 20,208.56 | 2,333.56 |
| | | VALUE \$ 17,875.00 | | | | | |
| ACCOUNT NO. 2198 Wells Fargo PO Box 11701 Newark, NJ 07101-4701 | J | residence - behind for May - conduit | | | | 64,170.00 | |
| | | VALUE \$ 73,484.00 | | | | | |
| Subtotal (Total of this page) | | | | | | \$ 90,895.91 | \$ 2,333.64 |
| Total (Use only on last page) | | | | | | \$ 90,895.91 | \$ 2,333.64 |

0 continuation sheets attached

(Report also on
Summary of
Schedules.)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
 Debtor(s) (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. Cleveland County Tax PO Box 760 Shelby, NC 28151 | J | for information only | | | | unknown | | |
| ACCOUNT NO. 9441 IRS PO Box 7346 Philadelphia, PA 19101-7346 | W | taxes owed 2001-2010 (these returns were not filed until 2010) NOTE: STOP GARNISHING CHECKING ACCT. WITH PREMIER FEDERAL CREDIT UNION | | | | 31,000.00 | 31,000.00 | |
| ACCOUNT NO. Premier Federal Credit Union 1113 Shelby Road Kings Mountain, NC 28086 | | Assignee or other notification for: IRS | | | | | | |
| ACCOUNT NO. North Carolina Department Of Revenue PO Box 1168 Raleigh, NC 27602-1168 | J | for information only | | | | unknown | | |
| ACCOUNT NO. | | | | | | | | |
| ACCOUNT NO. | | | | | | | | |

Sheet no. 1 of 1 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
 (Totals of this page)

\$ **31,000.00** \$ **31,000.00** \$

Total

\$ **31,000.00**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,
 report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **31,000.00** \$

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
 Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 4715 Avenue PO Box 182789 Columbus, OH 43218 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 796.00 |
| ACCOUNT NO. 3756 Carolina Gastroenterology Center 1001 Blytle Blvd. Suite 400 Charlotte, NC 28203 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 160.00 |
| ACCOUNT NO. 3550 Carolina Medical Center 1000 Blythe Blvd. Charlotte, NC 28203 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 250.00 |
| ACCOUNT NO. Medical Data Systems 2001 9th Ave. Suite 3 Vero Beach, FL 32960 | | Assignee or other notification for: Carolina Medical Center | | | | |

| | | |
|--|----------------------------------|--------------------|
| <u>5</u> continuation sheets attached | Subtotal (Total of this page) | \$ 1,206.00 |
| (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | Total | \$ |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 2825 Carolina Pathology 1000 Blytle Blvd. Charlotte, NC 28210 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 75.00 |
| ACCOUNT NO. Stern & Associates Suite 210 415 N. Edgeworth Street Greensboro, NC 27401 | | Assignee or other notification for: Carolina Pathology | | | | |
| ACCOUNT NO. 2605 Carolina Physicians 1000 Blythe Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 150.00 |
| ACCOUNT NO. Absolute Collections 421 Fayetteville Street Mall, Suite 600 Raliegh, NC 27601 | | Assignee or other notification for: Carolina Physicians | | | | |
| ACCOUNT NO. 2825 Caromont Health 2525 Court Drive Gastonia, NC 28054 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 150.00 |
| ACCOUNT NO. Professional Recovery 2700 Meridian Parkway Ste. 200 Durham, NC 27713-2204 | | Assignee or other notification for: Caromont Health | | | | |
| ACCOUNT NO. Charlotte Radiology 1000 Blythe Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 120.00 |

Sheet no. 1 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **495.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Stern & Associates Suite 210 415 N. Edgeworth Street Greensboro, NC 27401 | | Assignee or other notification for: Charlotte Radiology | | | | |
| ACCOUNT NO. Cleveland Regional 1000 Blythe Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 100.00 |
| ACCOUNT NO. PARAGON REVENUE GRP 216 LePhillip Ct. CONCORD, NC 28025-2954 | | Assignee or other notification for: Cleveland Regional | | | | |
| ACCOUNT NO. 9441 CMC 1000 Blytle Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 700.00 |
| ACCOUNT NO. PMAB Inc. 5970 Fairview Rd. Suite 800 Charlotte, NC 28210 | | Assignee or other notification for: CMC | | | | |
| ACCOUNT NO. 2825 CMC 1000 Blytle Blvd. Charlotte, NC 28210 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 400.00 |
| ACCOUNT NO. ACS Accounts 421 Fayetteville S Suite 600 Raleigh, NC 27601 | | Assignee or other notification for: CMC | | | | |

Sheet no. 2 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,200.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 2825 Empicare Evergreen Park North 11802 Bringley Ave Louisville, KY 40243 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 50.00 |
| ACCOUNT NO. Adam, Ross, Paul Inc. 10039 Bissonnet Street Houston, TX 77036 | | Assignee or other notification for: Empicare | | | | |
| ACCOUNT NO. 9441 HSBC PO Box 60102 City Of Industry, CA 91716-0102 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 645.00 |
| ACCOUNT NO. 2825 Kings Mountain Hospital 706 W. King Street Kings Mountain, NC 28086 | H | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 1,300.00 |
| ACCOUNT NO. PARAGON REVENUE GRP 216 LePhillip Ct. CONCORD, NC 28025-2954 | | Assignee or other notification for: Kings Mountain Hospital | | | | |
| ACCOUNT NO. 7070 McKay Urology 1000 Blytle Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 507.00 |
| ACCOUNT NO. Professional Med 5970 Fairview Road Suite 800 Charlotte, NC 28210 | | Assignee or other notification for: McKay Urology | | | | |

Sheet no. 3 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,502.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 0178 Mercy Hospital 1000 Vail Ave. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 100.00 |
| ACCOUNT NO. MEDICREDIT CORPORATION 13730 S. Point Blv.D CHARLOTTE, NC 28273-7715 | | Assignee or other notification for: Mercy Hospital | | | | |
| ACCOUNT NO. 2603 MMG 1000 Blythe Blvd. Charlotte, NC 28210 | W | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 140.00 |
| ACCOUNT NO. Professional Med 5970 Fairview Road Suite 800 Charlotte, NC 28210 | | Assignee or other notification for: MMG | | | | |
| ACCOUNT NO. 1362 Nuvel Credit Company PO Box 380901 Bloomington, MN 55438-0901 | J | 2005 Kia repo'd July 2009 Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 14,321.00 |
| ACCOUNT NO. RJM Acquisitions, LLC 575 Underhill Blvd Suite 224 Syosset, NY 11791 | J | Disputed as to the amount of interest, late charges, late fees, penalty interest fees and related charges, over-the-limit fees, check-by-phone fees, universal default related fees and other similar charges | | | | 326.00 |
| ACCOUNT NO. Target PO Box 5917 Minneapolis, MN 55439-0317 | | Assignee or other notification for: RJM Acquisitions, LLC | | | | |

Sheet no. 4 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **14,887.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Barber, Brian Rodney & Barber, Stacy Cobb

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 9441 US Department Of Education PO Box 7202 Utica, NY 13504 | W | student loan - to pay outside | | | | 22,063.00 |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |

Sheet no. 5 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **22,063.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **42,353.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____ Debtor(s) _____ (If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| | | |
|---|--|--|
| Debtor's Marital Status Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): Daughter Daughter | AGE(S): 22 13 |
| EMPLOYMENT: DEBTOR | | SPOUSE |
| Occupation Short Term Disability (Just Starting) Name of Employer How long employed Address of Employer | | HR Manager Carolina Healthcare Systems 8.3 Years PO Box 32861 Charlotte, NC |

INCOME: (Estimate of average or projected monthly income at time case filed)

| | DEBTOR | SPOUSE |
|--|--------------------|--------------------|
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | \$ _____ | \$ 5,847.66 |
| 2. Estimated monthly overtime | \$ _____ | \$ _____ |
| 3. SUBTOTAL | \$ 0.00 | \$ 5,847.66 |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and Social Security | \$ _____ | \$ 1,413.51 |
| b. Insurance | \$ _____ | \$ 805.11 |
| c. Union dues | \$ _____ | \$ _____ |
| d. Other (specify) See Schedule Attached | \$ _____ | \$ 629.03 |
| | \$ _____ | \$ _____ |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 0.00 | \$ 2,847.65 |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 0.00 | \$ 3,000.01 |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ _____ | \$ _____ |
| 8. Income from real property | \$ _____ | \$ _____ |
| 9. Interest and dividends | \$ _____ | \$ _____ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ _____ | \$ _____ |
| 11. Social Security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| 12. Pension or retirement income | \$ _____ | \$ _____ |
| 13. Other monthly income (Specify) Short Term Disability 175.00 A Week | \$ 700.00 | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ 700.00 | \$ _____ |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 700.00 | \$ 3,000.01 |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | \$ 3,700.01 | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

| | DEBTOR | SPOUSE |
|---------------------------|--------|---------------|
| Other Payroll Deductions: | | |
| CHILDren Network | | 21.67 |
| 401K Loan | | 317.48 |
| 401K | | 289.88 |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____ Debtor(s) _____ (If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | |
|---|------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ _____ |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____ | |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____ | |
| 2. Utilities: | |
| a. Electricity and heating fuel | \$ <u>200.55</u> |
| b. Water and sewer | \$ <u>40.00</u> |
| c. Telephone | \$ <u>200.78</u> |
| d. Other Cable | \$ <u>120.00</u> |
| 3. Home maintenance (repairs and upkeep) | \$ _____ |
| 4. Food | \$ <u>600.00</u> |
| 5. Clothing | \$ <u>60.00</u> |
| 6. Laundry and dry cleaning | \$ _____ |
| 7. Medical and dental expenses | \$ _____ |
| 8. Transportation (not including car payments) | \$ <u>240.00</u> |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ <u>22.00</u> |
| 10. Charitable contributions | \$ _____ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ _____ |
| b. Life | \$ _____ |
| c. Health | \$ <u>140.00</u> |
| d. Auto | \$ _____ |
| e. Other _____ | \$ _____ |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | |
| (Specify) VEHICLE | \$ <u>16.66</u> |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ _____ |
| b. Other _____ | \$ _____ |
| 14. Alimony, maintenance, and support paid to others | \$ _____ |
| 15. Payments for support of additional dependents not living at your home | \$ _____ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ _____ |
| 17. Other Student Loan | \$ <u>125.00</u> |
| | \$ _____ |
| | \$ _____ |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data. \$ 1,764.99

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

| | |
|--|--------------------|
| 20. STATEMENT OF MONTHLY NET INCOME | |
| a. Average monthly income from Line 15 of Schedule I | \$ <u>3,700.01</u> |
| b. Average monthly expenses from Line 18 above | \$ <u>1,764.99</u> |
| c. Monthly net income (a. minus b.) | \$ <u>1,935.02</u> |

IN RE Barber, Brian Rodney & Barber, Stacy Cobb Case No. _____
Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: May 24, 2011 Signature: /s/ Brian Rodney Barber
Brian Rodney Barber Debtor

Date: May 24, 2011 Signature: /s/ Stacy Cobb Barber
Stacy Cobb Barber (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------|---------------------------------|
| 0.00 | 2009-13821.000 38900.00 CHS A&E |
| | 2010-17820.00 48569.00 " " |
| | 2011- 3153.25 27,562.88 " " |

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------|--|
| 0.00 | May 2011 (m) short term disability 175.00 a week |

3. Payments to creditors

Complete a, or b., as appropriate, and c.

None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|--|------------------------------------|-----------------|--------------------|
| Wells Fargo PO Box 11701 Newark, NJ 07101-4701 | March & April 574.00 ea | 1,148.00 | 64,170.00 |
| Arnold's Jewelry 226 S. Washington St. Shelby, NC 28150 | MAY 2011 | 1,600.00 | 4,627.00 |

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|--|--|-----------------------------------|
| Nuvel Credit Company PO Box 380901 Bloomington, MN 55438-0901 | July 2009 | 2005 Kia repo'd |

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|--|--------------------------------|------------------|---|
| Children Miracle Network | none | bi-weekly | comes out of payroll bi-weekly 10.00 |

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--------------------------------|--|---|
| Wayne Sigmon | 5-19-11 | 500.00 attorney |
| 518 South New Hope Road | | 274.00 filing fee |
| Gastonia, NC 28054 | | |

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: May 24, 2011 Signature /s/ Brian Rodney Barber
of Debtor **Brian Rodney Barber**

Date: May 24, 2011 Signature /s/ Stacy Cobb Barber
of Joint Debtor **Stacy Cobb Barber**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Barber, Brian Rodney & Barber, Stacy Cobb

Chapter **13**

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: May 24, 2011

Signature: /s/ *Brian Rodney Barber*
Brian Rodney Barber

Debtor

Date: May 24, 2011

Signature: /s/ *Stacy Cobb Barber*
Stacy Cobb Barber

Joint Debtor, if any

Barber, Brian Rodney
1526 Phifer Road
Kings Mountain, NC 28086

Carolina Pathology
1000 Blytle Blvd.
Charlotte, NC 28210

IRS
PO Box 7346
Philadelphia, PA 19101-7346

Barber, Stacy Cobb
1526 Phifer Road
Kings Mountain, NC 28086

Carolina Physicians
1000 Blythe Blvd.
Charlotte, NC 28210

Kings Mountain Hospital
706 W. King Street
Kings Mountain, NC 28086

Wayne Sigmon Attorney At Law, PLLC
518 S. New Hope Rd.
Gastonia, NC 28054-4039

Caromont Health
2525 Court Drive
Gastonia, NC 28054

McKay Urology
1000 Blytle Blvd.
Charlotte, NC 28210

Absolute Collections
421 Fayetteville Street Mall, Suite 600
Raleigh, NC 27601

Charlotte Radiology
1000 Blythe Blvd.
Charlotte, NC 28210

Medical Data Systems
2001 9th Ave. Suite 3
Vero Beach, FL 32960

ACS Accounts
421 Fayetteville S Suite 600
Raleigh, NC 27601

Cleveland County Tax
PO Box 760
Shelby, NC 28151

MEDICREDIT CORPORATION
13730 S. Point Blv.D
CHARLOTTE, NC 28273-7715

Adam, Ross, Paul Inc.
10039 Bissonnet Street
Houston, TX 77036

Cleveland Regional
1000 Blythe Blvd.
Charlotte, NC 28210

Mercy Hospital
1000 Vail Ave.
Charlotte, NC 28210

Arnold's Jewelry
226 - 228 S. Washington St.
Shelby, NC 28150

CMC
1000 Blytle Blvd.
Charlotte, NC 28210

MMG
1000 Blythe Blvd.
Charlotte, NC 28210

Avenue
PO Box 182789
Columbus, OH 43218

Empicare
Evergreen Park North
11802 Bringley Ave
Louisville, KY 40243

North Carolina Department Of Revenue
PO Box 1168
Raleigh, NC 27602-1168

Carolina Gastroenterology Center
1001 Blytle Blvd. Suite 400
Charlotte, NC 28203

FARMERS FURNITURE
PO Box 1140
Dublin, GA 31040

Nuvel Credit Company
PO Box 380901
Bloomington, MN 55438-0901

Carolina Medical Center
1000 Blythe Blvd.
Charlotte, NC 28203

HSBC
PO Box 60102
City Of Industry, CA 91716-0102

PARAGON REVENUE GRP
216 LePhillip Ct.
CONCORD, NC 28025-2954

PMAB Inc.
5970 Fairview Rd. Suite 800
Charlotte, NC 28210

Premier Federal Credit Union
1113 Shelby Road
Kings Mountain, NC 28086

Professional Med
5970 Fairview Road Suite 800
Charlotte, NC 28210

Professional Recovery
2700 Meridian Parkway Ste. 200
Durham, NC 27713-2204

Regional Finance
PO Box 580075
Charlotte, NC 28258

RJM Acquisitions, LLC
575 Underhill Blvd Suite 224
Syosset, NY 11791

Stern & Associates
Suite 210
415 N. Edgeworth Street
Greensboro, NC 27401

Target
PO Box 5917
Minneapolis, MN 55439-0317

US Department Of Education
PO Box 7202
Utica, NY 13504

Wells Fargo
PO Box 11701
Newark, NJ 07101-4701

Local Form 3

July 2009

Debtor(s) Barber, Brian Rodney & Barber, Stacy Cobb

**DISCLOSURE TO DEBTOR(S) OF ATTORNEYS FEE PROCEDURE
FOR CHAPTER 13 CASES IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA**

After consultation with the undersigned attorney, you have decided to file a petition for relief under Chapter 13 of the United States Bankruptcy Code. Accordingly, you are hereby given notice that pursuant to the local rules of the Bankruptcy Court, the base fee for a Chapter 13 case is established at **\$ 3,250.00**. Payment of all or part of this fee is included in your payments to the Trustee. The attorney's services included in the base fee are those normally contemplated in a Chapter 13 case. They are as follows:

- | | |
|--|--|
| (a) Providing the pre-filing notices required by the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 | (e) Preparation for and attendance at Section 341 meeting. |
| (b) Preparation and filing of your petition, schedules, supplemental local forms, Chapter 13 Plan, and mailing matrix. | (f) Review of order confirming plan and periodic reports. |
| (c) Drafting and mailing notice to creditors advising of filing of case, including a copy of your Chapter 13 Plan. | (g) Review of Trustee's report of allowance of claims. |
| (d) Drafting and mailing to you a letter regarding your attendance at the Section 341 meeting and your other responsibilities. | (h) Maintaining custody and control of case files. |
| | (i) Service of orders on all affected parties. |
| | (j) Verification of your identity and social security number |
| | (k) Defending objections to confirmation of your Chapter 13 Plan filed by the Trustee. |
| | (l) Preparing and filing Local Form 8 and Local Form 9. |

The base fee shall also include the following services to the extent they are requested or reasonably necessary for your effective representation:

- | | |
|---|---|
| (a) Preparation and filing of proofs of claim on your behalf for your creditors. | circumstances and advising the Court and the Trustee of the same. |
| (b) Drafting and filing objections to scheduled and unscheduled proofs of claim. | (k) Communicating with you regarding payment defaults, insurance coverage, credit disability, and the like. |
| (c) Assumptions and rejections of unexpired leases and executory contracts. | (l) Obtaining and providing the Trustee with copies of documents relating to lien perfection issues. |
| (d) Preparation for and attendance at valuation hearings. | (m) Notifying creditors of entry of discharge. |
| (e) Motions to transfer venue. | (n) Notifying creditors by certified mail of alleged violations of the automatic stay. |
| (f) Consultation with you regarding obtaining postpetition credit (no motion filed). | (o) Drafting and mailing letters regarding voluntary turnover of property. |
| (g) Motions to avoid liens. | (p) Defense of objection to confirmation filed by any party other than the Trustee. |
| (h) Calculation of plan payment modifications (no motion filed). | (q) Review of documents in relation to the use or sale of collateral (no motion filed). |
| (i) Responding to written creditor contacts regarding plan terms, valuation of collateral, claim amounts, and the like. | (r) Providing you with a list of answers to frequently asked questions and other routine communications with you. |
| (j) Responding to your contacts regarding changes in your financial and personal | |

In some Chapter 13 cases, legal services which are beyond those normally contemplated must be performed. These legal services are not covered by the base fee. These "non-base" services include the following:

- | | |
|---|---|
| (a) Abandonment of property post-confirmation. | (h) Non-base fee requests. |
| (b) Motion for moratorium. | (i) Stay violation litigation, including amounts paid as fees by the creditor or other party. |
| (c) Motion for authority to sell property. | (j) Post-discharge injunction actions. |
| (d) Motion to modify plan. | (k) Adversary proceedings. |
| (e) Motion to use cash collateral or to incur debt. | (l) Wage garnishment orders. |
| (f) Defense of motion for relief from stay or co-debtor stay. | (m) Turnover adversaries. |
| (g) Defense of motion to dismiss filed after confirmation of your plan. | (n) Conversion to Chapter 7. |
| | (o) Motions to substitute collateral. |
| | (p) Any other matter not covered by the base fee. |

For such "non-base" services you will be charged on the basis of attorney's time expended at the rate of \$ 400.00 per hour plus the amount of expenses incurred (such as court fees, travel, long distance telephone, photocopying, postage, etc.). Such "non-base" fees are chargeable only after the same are approved by the Bankruptcy Court. Except as set forth below, before any such fees are charged you will receive a copy of my motion filed in the Court requesting approval of any such "non-base" fees as well as a notice explaining your opportunity to object if you do not agree with the fee applied for. Any fees awarded for "non-base" services will be paid to the undersigned attorney from your payments to the Trustee in the same way as payment of "base" fees. **It is possible that "non-base" fees approved by the Court may cause your payment to the Trustee to be increased, or the term of your Chapter 13 plan extended.** Whether or not a payment increase or an extension will be necessary depends upon the facts of your case. If a payment increase is necessary because of a court- approved "non-base" fee, the Trustee will notify you of the amount of the increase.

In the Court's discretion, a debtor's attorney in a Chapter 13 proceeding may request, in open court, and without any other notice, "non-base" fees for the following services in amounts not exceeding those shown below. Without other notice, the debtor's attorney may also request up to \$1.00 for each item noticed to creditors as expense for postage, copying, and envelopes. These fees may be adjusted (increased) by the Court at a later date, and, if so, those adjusted fees will then be charged.

- | | |
|---|-------|
| (a) Defense of motion to dismiss | \$200 |
| (b) Motion to modify and order, including motion for moratorium | \$350 |
| (c) Substitution of collateral | \$450 |
| (d) Prosecution or defense of motion for relief from stay or co-debtor stay and order | \$450 |
| (e) Motion for authority to sell property and order | \$450 |
| (f) Motion to obtain credit | \$450 |
| (g) Permission from trustee to obtain credit, to be filed as an administrative proof of claim | \$200 |
| (h) Motion to continue or impose the automatic stay | \$350 |
| (i) When substitute legal counsel is retained by a Chapter 13 debtor, such substituted counsel is entitled to a presumptive base fee of \$500 without formal application to the Court, provided that the order allowing substitute counsel specifies both the amount of the fee and whether the fee is paid direct by the debtor or through the plan. | |
| (j) Objection to proof of claim of Real Property Creditor | \$450 |
| (k) Consent to an amended proof of claim in lieu of an objection to a motion to modify stay or to an amended proof of claim where the debtor has failed to pay post-petition payments | \$450 |
| (l) Motion to incur debt related to the approval of a loan modification with a real property creditor | \$450 |

(m) Motion to declare mortgage current

\$450

ACKNOWLEDGEMENT

I hereby certify that I have read this notice and that I have received a copy of this notice.

Dated: May 24, 2011

/s/ Brian Rodney Barber

Debtor's Signature

Dated: May 24, 2011

/s/ Stacy Cobb Barber

Spouse's Signature

I hereby certify that I have reviewed this notice with the debtor(s) and that the debtor(s) have received a copy of this notice.

Dated: May 24, 2011

/s/ Wayne Sigmon

Attorney

Local Form 3

July 2009

Debtor(s) Barber, Brian Rodney & Barber, Stacy Cobb

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(m) Motion to declare mortgage current

\$450

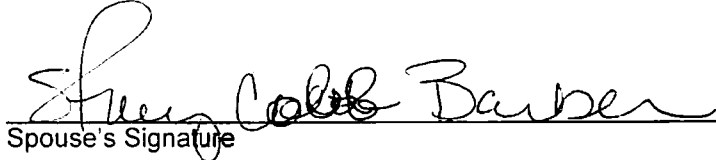
ACKNOWLEDGEMENT

I hereby certify that I have read this notice and that I have received a copy of this notice.

Dated: May 19, 2011

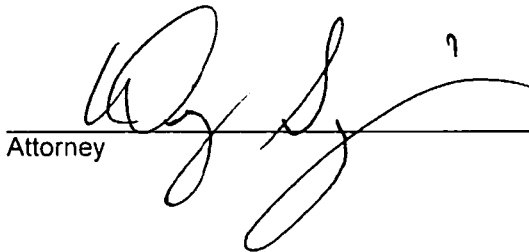

Debtor's Signature

Dated: May 19, 2011


Spouse's Signature

I hereby certify that I have reviewed this notice with the debtor(s) and that the debtor(s) have received a copy of this notice.

Dated: May 19, 2011


Attorney